

AMENDMENT TRANSMITTAL LETTER				Docket No. 4822-0102P																																											
Application No. 10/827,332-Conf. #2928	Filing Date April 20, 2004	Examiner D. C. Pope	Art Unit 2612																																												
Applicant(s): Charles Henry LEDERER IV																																															
Invention: Enhanced alarm system for monitoring of patients																																															
MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"><thead><tr><th colspan="6" style="text-align: center; padding: 5px;">CLAIMS AS AMENDED</th></tr><tr><th style="width: 20%;"></th><th style="width: 15%;">Claims Remaining After Amendment</th><th style="width: 15%;">Highest Number Previously Paid</th><th style="width: 15%;">Number Extra Claims Present</th><th style="width: 20%;">Rate</th><th style="width: 15%;"></th></tr></thead><tbody><tr><td>Total Claims</td><td style="text-align: center;">33</td><td style="text-align: center;">- 33 =</td><td style="text-align: center;">0</td><td style="text-align: center;">x 25.00</td><td style="text-align: center;">0.00</td></tr><tr><td>Independent Claims</td><td style="text-align: center;">9</td><td style="text-align: center;">- 9 =</td><td style="text-align: center;">0</td><td style="text-align: center;">x 100.00</td><td style="text-align: center;">0.00</td></tr><tr><td colspan="5" style="padding: 5px;">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td><td></td></tr><tr><td colspan="5" style="padding: 5px;">Other fee (please specify):</td><td></td></tr><tr><td colspan="5" style="padding: 5px;">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td><td style="text-align: center;">0.00</td></tr></tbody></table> <div style="margin-top: 10px;"><input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity <input checked="" type="checkbox"/> No additional fee is required for this amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed. <div style="margin-left: 20px;"><input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.</div></div> <div style="margin-top: 20px; text-align: center;"> James T. Eller, Jr. Attorney Reg. No.: 39,538 <div style="margin-top: 10px;">BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000</div></div> <div style="text-align: right; margin-top: 10px;">Dated: <u>February 7, 2007</u></div>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	33	- 33 =	0	x 25.00	0.00	Independent Claims	9	- 9 =	0	x 100.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
CLAIMS AS AMENDED																																															
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate																																											
Total Claims	33	- 33 =	0	x 25.00	0.00																																										
Independent Claims	9	- 9 =	0	x 100.00	0.00																																										
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>																																															
Other fee (please specify):																																															
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00																																										